NHTI
Concord's Community College

Legal Nurse Consultant (LNC) Certificate Program

EMPLOYMENT VERIFICATION FORM

Your Name: ________________________ Email Address: ___________________________ Tel. No.: (___)_____-________
Mailing Address: ______________________________ City: _____________________ State: _______ Zip: _________________
RN License No.: _______________________________

Applicants must demonstrate 6,000 hours of practice in an RN capacity:

Name of Employer: ____
Address: ____
Phone Number: ______________________________________ Fax Number: __________________________________
Dates of Employment as an RN: ____________________________ No. of Hours Worked as an RN: __________________
I HEREBY ATTEST THAT THE ABOVE NUMBER OF HOURS WORKED IS ACCURATE.
Employer Signature: _______________________________ Title: ____________________ Tel. No.: (___)_____-___________

Name of Employer: ____
Address: ____
Phone Number: ______________________________________ Fax Number: __________________________________
Dates of Employment as an RN: ____________________________ No. of Hours Worked as an RN: __________________
I HEREBY ATTEST THAT THE ABOVE NUMBER OF HOURS WORKED IS ACCURATE.
Employer Signature: _______________________________ Title: ____________________ Tel. No.: (___)_____-___________

Name of Employer: ____
Address: ____
Phone Number: ______________________________________ Fax Number: __________________________________
Dates of Employment as an RN: ____________________________ No. of Hours Worked as an RN: __________________
I HEREBY ATTEST THAT THE ABOVE NUMBER OF HOURS WORKED IS ACCURATE.
Employer Signature: _______________________________ Title: ____________________ Tel. No.: (___)_____-___________

Please return by mail to: **NHTI, Concord's Community College**
Office of Admissions
31 College Drive
Concord, NH 03301